CLAIMS ONLY

Application Number	Filing Date
10683540	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			•		•		•	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8	cancel						58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16	1						66						
17		1					67						
18		1					68						
19		1					69						
20							70						
21							71						
22							72						
23	cancel						73						
24							74						
25							75						
26							76						
27	1						77						
28		1					78						
29		1					79						
30		1					80						
31	1	1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36	1						86						
37		1					87						
38		1					88						
39	1						89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	5						Total Indep						
Total Depend	12						Total Depend						
Total Claims	17						Total Claims						